

Declination Form

Name:_____

Social Security Number:_____

Title:_____

Signature:_____

Refusal of Immunization / Vaccine

I understand that I may be at risk of acquiring disease and /or infection. I have been given information concerning the recommended vaccinations and have had the opportunity to be vaccinated. However, I decline vaccination at this time. I understand that I will continue to be at risk of acquiring disease and / or infection.

Date:_____

Signature:_____

Witness:_____